

Work Order ID 92490

92490

Page 1

October-31-12 10:12:18 AM

Item ID: 647.1812

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Shim

Start Date: 10/31/12 Start Qty: 14.00

14

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 14.00

14

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-10-01

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

647.1800

N/C

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: *12/10*

Prog Rev: *12/10*

2024.063

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

14 0 JM 12-11-10

14 0 JM 12-11-10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 92490

October-31-12 10:12:18 AM

92490

Page 2

Item ID: 647.1812

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Shim

Start Date: 10/31/12 Start Qty: 14.00

14

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 14.00

14

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC8- Inspect parts - second check	0.00				14			
130									
QC	Memo	0.00							
Quality Control									
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
140									
Outsource4	Memo	0.00							
Outsource process - Anodize	ISSUE P/O: 18399 HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
150									
Packaging	Memo	0.00							
Packaging									

CL 12/11/14 14

12/11/14 (14)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
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Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 92490

92490

Page 3

October-31-12 10:12:18 AM

Item ID: 647.1812 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: Shim
Start Date: 10/31/12 Start Qty: 14.00 *14* Cust Item ID:
Required Date: 11/09/12 Req'd Qty: 14.00 *14* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 DAS 15 2-89 12/17/29				14			
170 *170* SprayPaint Spray Painting	Memo PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2) CARDINAL 4860-50 PRIMER BATCH: 123693	0.00 0.00				14	0	0	AD 12-12-15
180 *180* QC Quality Control	QC14- Inspect Spray Paint Memo	0.00 0.00				14			(DAS 05 2-89) 12-12-18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
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Work Order ID 92490

92490

Page 4

October-31-12 10:12:18 AM

Item ID: 647.1812

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Shim

Start Date: 10/31/12 Start Qty: 14.00

14

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 14.00

14

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Identify as per dwg & Stock Location: 139C

0.00

190

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

13/4/9 (14)

200

QC21- Final Inspection - Work Order Release

0.00

200

QC

Memo

0.00

Quality Control

13/1/10

mf

13 01-09

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
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FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Picklist Print

October-31-12 4:05:57 PM

Page 1

Work Order ID: 92490

92490

Parent Item: 647.1812

647 1812

Parent Item Name: Shim

Start Date: 31/10/2012

Required Date: 09/11/2012

Start Qty: 14.00

Required Qty: 14.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERE:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M2024T3S.063

Purchased

No

110

sf

31.1700

0.017

~~0.250526~~

**

0.3

M2024T3S 063

2024-T3 .063 sheet

Jm 12-11-12

Location

Loc Qty

Loc Code

MAT022

31.17

119916

0.1

121197

16.32

123096

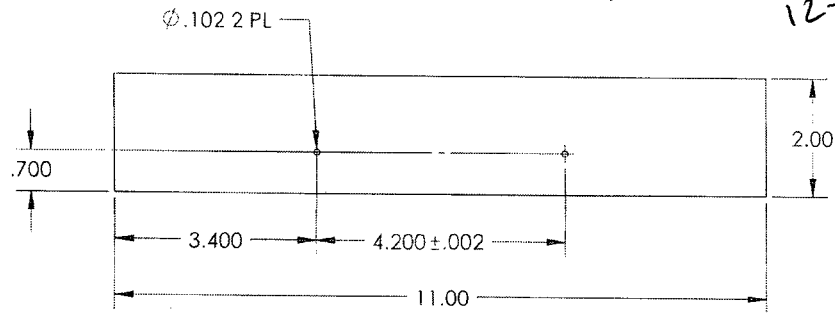
14.75

123096

NOTES:

1. MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ A-250/4
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 92490 ML5
12-11-01

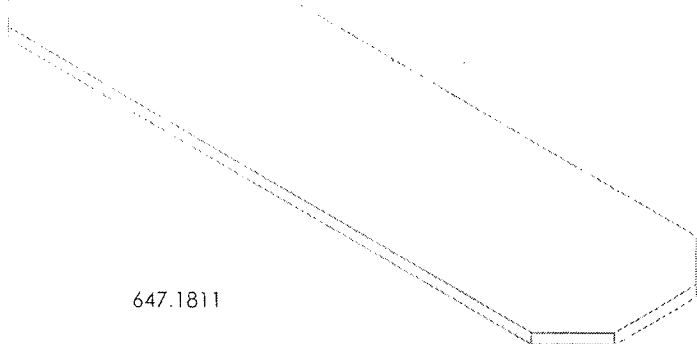
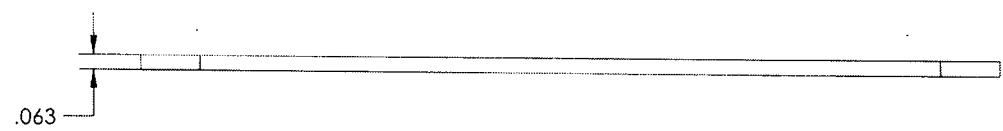
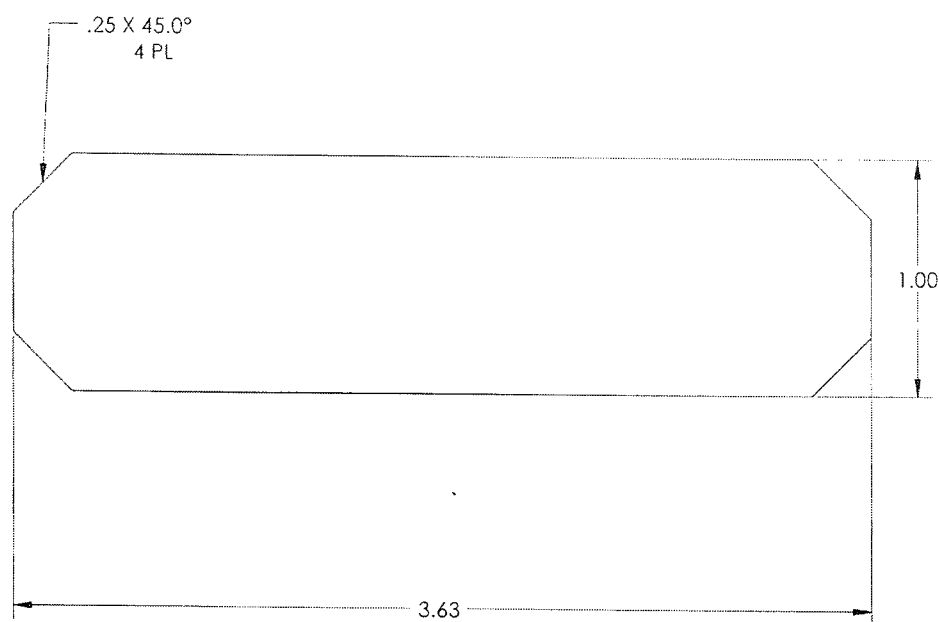


.063

647.1810

QTY	FIND #	PART #	DESCRIPTION	MATL	SPEC.
		647.1818	NOSE DOOR SPACER	△	△
		647.1817	SUPPORT, RH	△	△
		647.1816	SUPPORT, LH	△	△
		647.1815	GUSSET, RH	△	△
		647.1814	GUSSET, LH	△	△
		647.1813	ANGLE	△	△
		647.1812	SPRUE	△	△
		647.1811	SPACER	△	△
		647.1810	NOSE DOOR DOUBLER	△	△
PARTS LIST			APICAL INDUSTRIES		
NEXT ASSY (S)			2608 TEMPLE HEIGHTS DR.		
647.1300			OCEANSIDE, CA. 92056-3512 (760)724-6300		
			SHEET METAL		
			647.1800		
			SCALE: NONE		
			SHEET 1 OF 7		

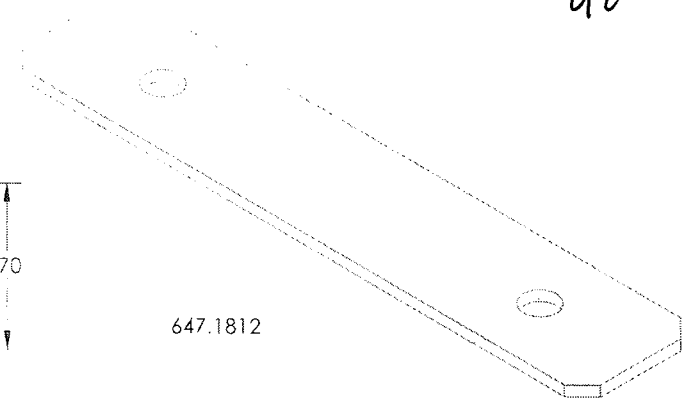
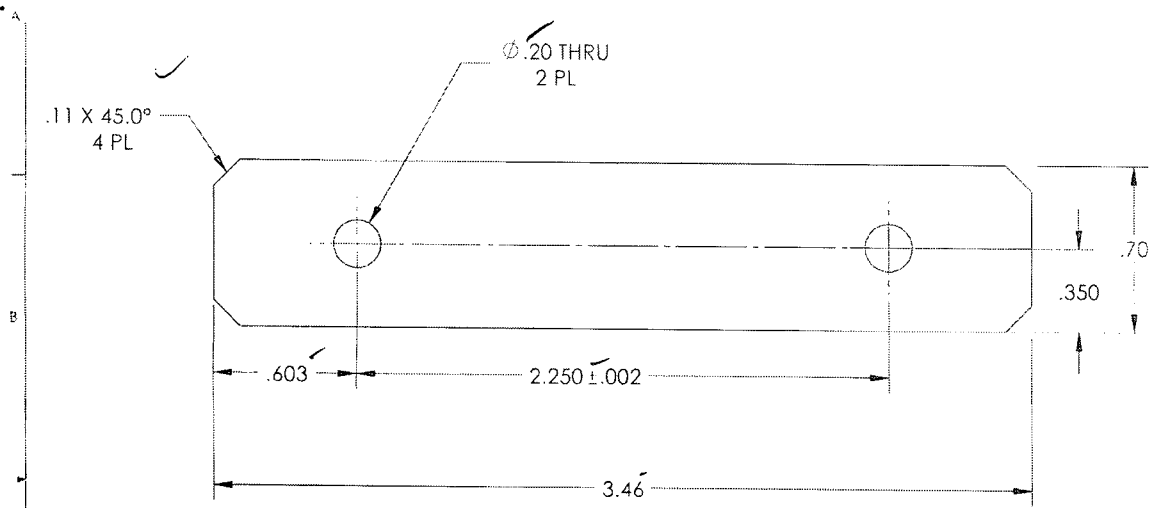
92490



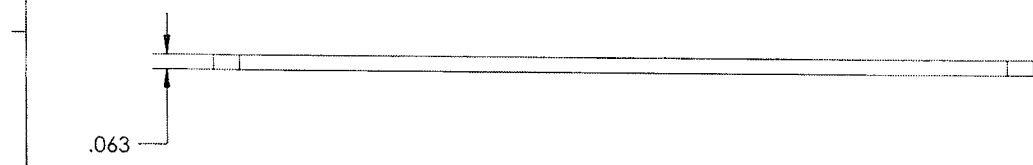
647.1811

<small> CUSOMER DATE: 09/01/09 DRAWN BY: SCHWEP CHECKED BY: M. HANCO DRAWING APPROVAL: BY: B. HANCO DATE: 09/01/09 CONTRACT NO.: </small>		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
<small> UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ± .01 2 PLACE DECIMALS ± .005 ANGLES ± .5° </small>		SIZE: 8 CASE CODE: 07M16 SCALE: NONE	DOW: 647.1800 REV: N/C SHEET: 2 OF 7

92490



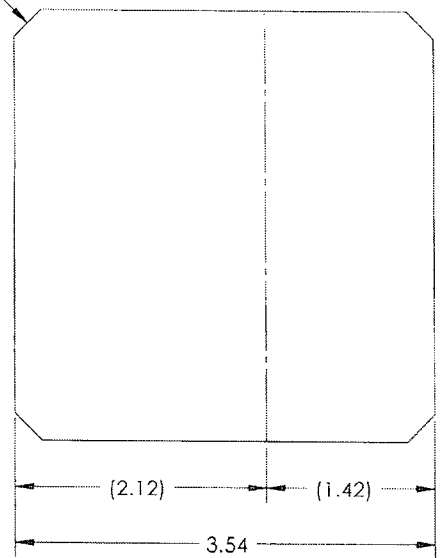
647.1812



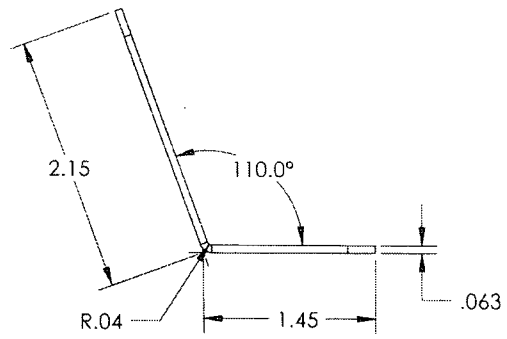
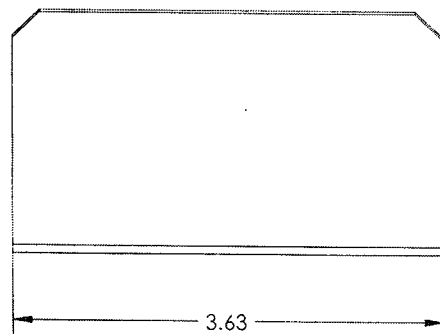
INFORMATION DRAWN BY: J. CARPENTER CHECKED BY: J. CARPENTER DATE: 07/11/12		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING APPROVAL BY: J. CARPENTER DATE: 07/11/12		SHEETMETAL	
DIMENSIONS UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1. FRACTIONS ± .01 2. DECIMALS ± .005 3. ANGLES ± .5°		SITE: 8 CASE CODE: 07/11/12 SCALE: NONE	Dwg. NO: 647.1800 REV: N/C SHEET: 3 OF 7

92490

.23 X 45.0°
4 PL.



FLAT PATTERN

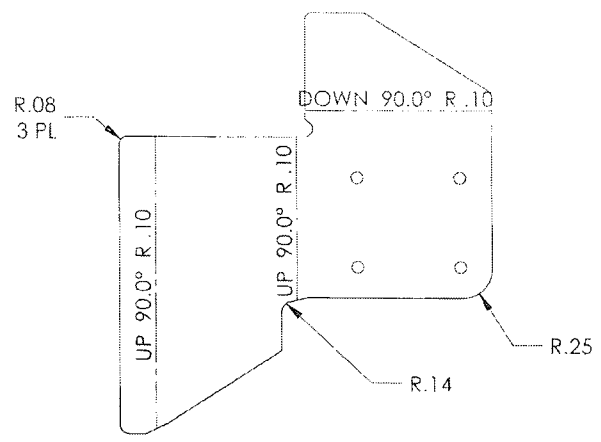
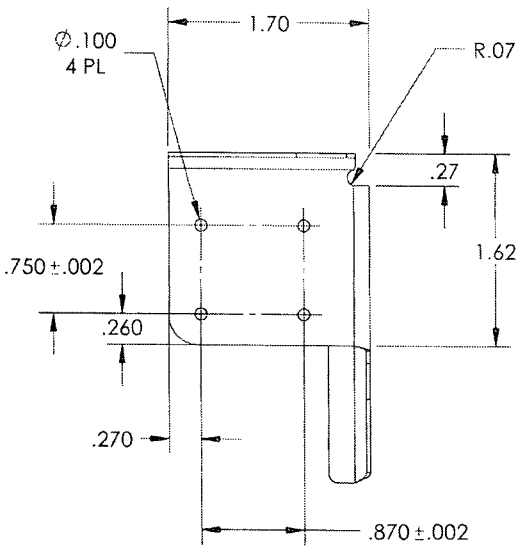
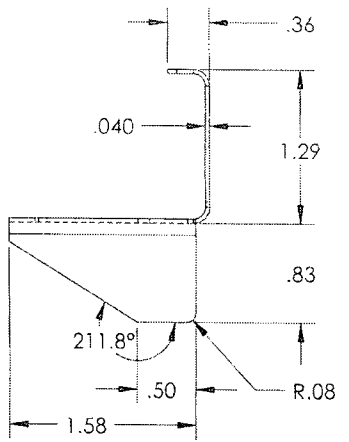


647.1813

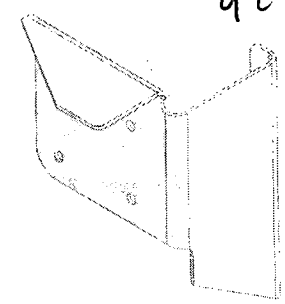
ORIGINAL DATE DVS-01-VFL 01-21-09		DESIGN	
DRAWN BY	CHKD BY	P. BRAYO	
DATE DESIGNED	DATE CHECKED		
DESIGNED BY APPROVAL P. BRAYO			
DATE OF APPROVAL			
CONTACT NO.			
<h1 style="text-align: center;">APICAL INDUSTRIES</h1> <p style="text-align: center;">2608 TEMPLE HEIGHTS DR OCEANSIDE, CA. 92056-3512 (760) 724-5300</p>			
<h2 style="font-size: 2em;">SHEETMETAL</h2>			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DIMENSIONS ARE 3 PLACES DECIMALS ± .01 ANGLES ± 1°			
USE	CAGE CODE	DWG NO.	REV
B	07M16	647.1800	1/1C
SCALE: NONE			SHEET 4 OF 7

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR
OCEANSIDE, CA. 92056-3512 (760)724-5300
SHEETMETAL

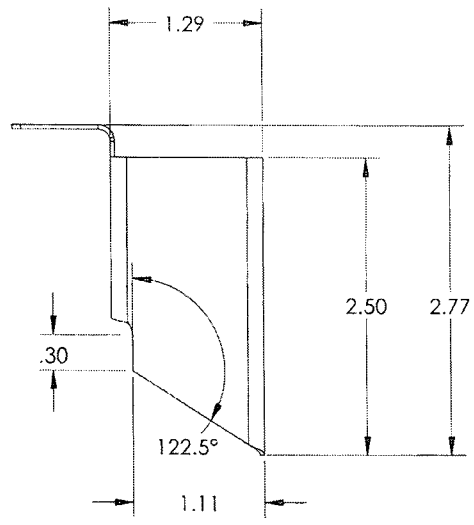
92490



FLAT PATTERN

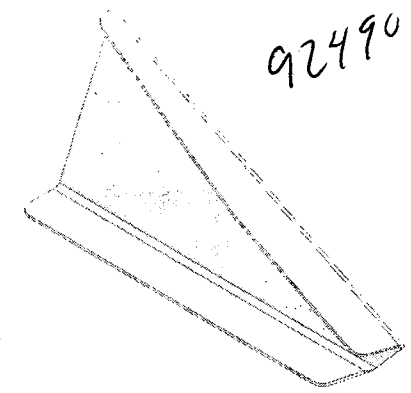


647.1814 SHOWN
647.1815 OPPOSITE

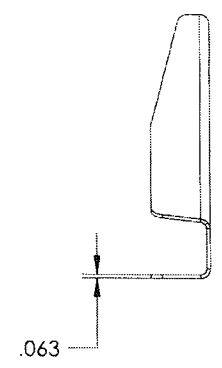
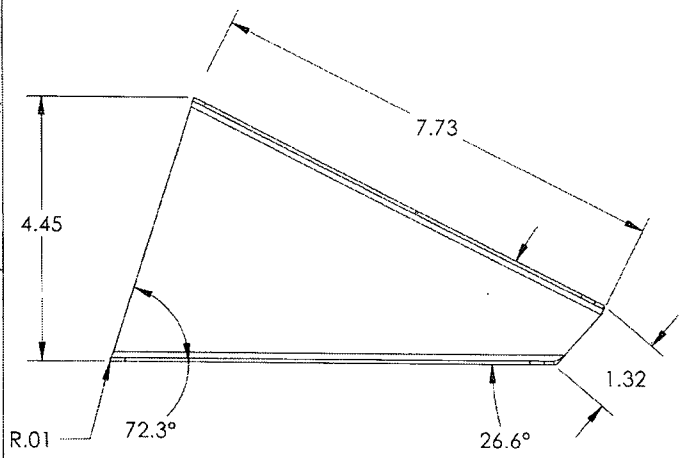
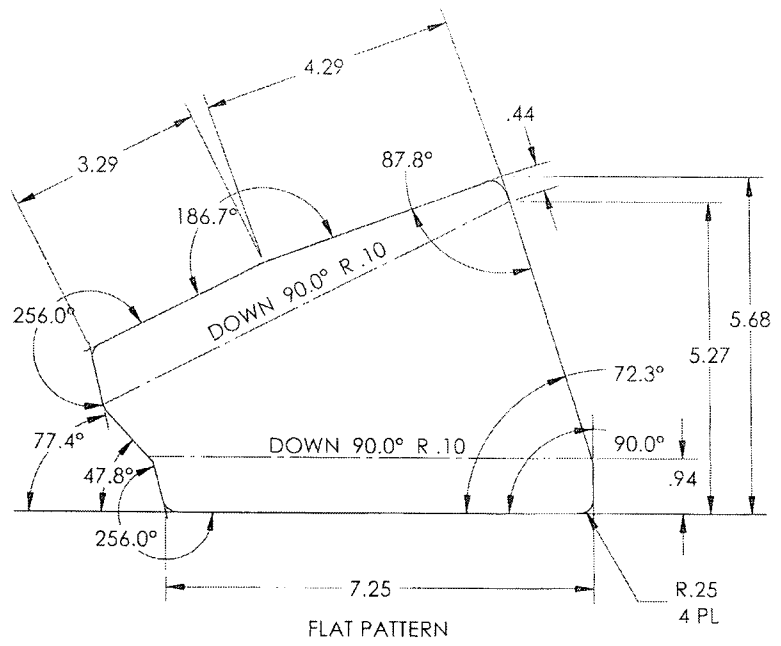
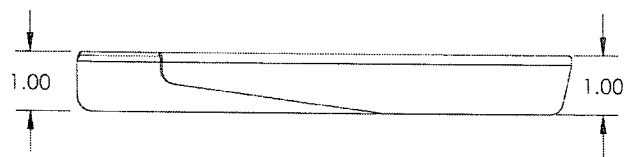


ORIGINAL DATE		APICAL INDUSTRIES	
DESIGNED BY		2608 TEMPLE HEIGHTS DR.	
DRAWN BY		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CHECKED BY		SHEETMETAL	
APPROVED BY		SCALE: NONE	
CONTRACT NO.		SHEET 5 OF 7	
UNLESS OTHERWISE SPECIFIED		DWG. NO. 647.1800	
DIMENSIONS ARE PER PARTS		REV. N/C	
TOLERANCES ARE:			
FRACTIONS DECIMALS			
HOLE DIA. ± .005			
HOLE DIA. ± .005			

92490

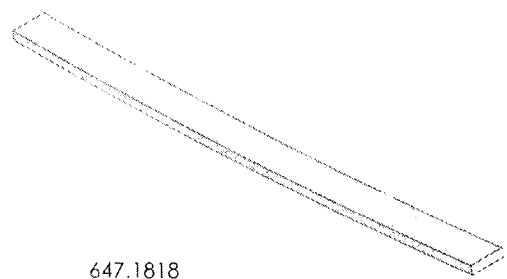


647.1816 SHOWN
647.1817 OPPOSITE

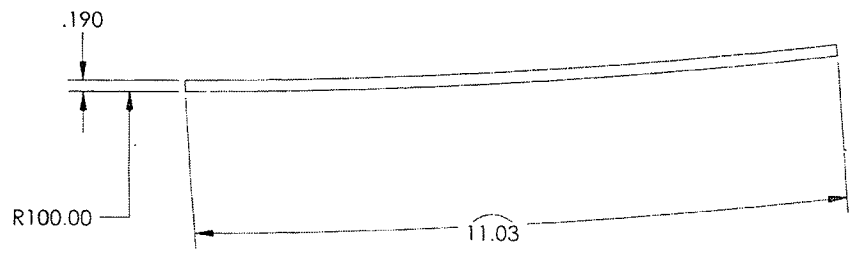


ORIGINAL DATE		DESIGN	
APPROVED BY	CHECKED	DATE	BY
10/24/2016	P. BEAVO		
DESIGN APPROVAL		SHEETMETAL	
UNLESS OTHERWISE SPECIFIED		APICAL INDUSTRIES	
DIMENSIONS ARE IN INCHES		2608 TEMPLE HEIGHTS DR.	
TOLERANCES ARE:		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DIMENSIONS ARE:		SHEETMETAL	
DIMENSIONS ARE:		SCALE: NONE	
DIMENSIONS ARE:		SHEET 6 OF 7	

92490



647.1818



UNIFORM DATE DATE: 11/14/14 DRAWN BY: CREGGER CHECKED BY: P. BRAYCO GRAPHIC APPROVAL: P. BRAYCO MODIFIED: 11/14/14 CONTRACT NO.:		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300	
UNITS: DIMENSIONS ARE IN INCHES DECIMALS: 2 PLACES ANGLES: 10.00		SHEETMETAL	
SIZE: B CASE CODE: 07M16 DIVISION: 100	PART: 647.1800 SCALE: NONE	REV: N/C	SHEET: 7 OF 7



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

Pack List

Number: 62076

Date: 27-Nov-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms

Ship Via

Quantity

Description

Rev:

1
lot

Part: ASST

4 PCS D4410-11
2 PCS 647.1612
14 PCS 647.1812
11 PCS 647.1613
1 PCS 647.1810
2 PCS 647.1811
8 PCS 647.1814
11 PCS 647.1815
10 PCS 646.3110

HARD ANODIZE BLACK
MIL-A-8625 TYPE III CLASS 2
Job: 20120737

PO: PO18399


Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 27/11/12

CERTIFIED SIGNATURE: 

RECEIVER SIGNATURE: _____